

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/830977
APPLICANT(S)

FILED DATE

		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
		IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		14	1	1	1	1	1								
TOTAL DEP.		18	9	9	9	9	9								
TOTAL CLAIMS		32	10	10	10	10	10								

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADAMENDMENTS